



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D206-642-541**  
**Job Sheet 180933**



Part No: D206-642-541

Job Qty: 1 ea

Part Name: Repl.Skid.,High Gear,Std Wearplates Fits LH/RH, DART Tri-Bag Float Comp.



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 7/18/18

Job Tracking No:

Due Date: 8/10/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG REV G IPP Rev:B 05.09.23 Revised per D206-642 Rev. J KJ/JLM IPP Rev:C 07-02-23 Added SS Wearplates & Gaskets JLM IPP Rev:D 07-12-06 replace NAS1515H3L to D3672-1 DD IPP Rev:E 08-04-17 as per PAR 08-015 DD verified by:EC IPP Rev:F 08-06-02 add comment DD verified by:EC IPP Rev:G 08-10-09 revise details DD verified by:EC IPP REV:H 13.09.05 CHG004/ ECN13-634 DD VERF:JLM IPP REV:I 14.04.28 AS PER ECN14-520 DD VERF:JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 1 Ea  | 8/10/18    | 8/10/18  | 0.00      | 0.00    | Start Up Skid tubes-1 |           | DD          |
| 110   | Skid tubes         | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 2.17    | Skid tubes-2          |           | DD DAS      |
| 114   | QC                 | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.00    | QC5                   |           | 38 DAS      |
| 116   | QC                 | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.00    | QC10                  |           | 9-89 38     |
| 120   | HandFinish         | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.68    | HandFinish1           |           | DR 18/09/28 |
| 130   | QC                 | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.00    | QC7-1                 |           | mlh         |
| 150   | Skid tubes         | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 2.08    | Skid tubes-2          |           | mlh         |
| 160   | QC                 | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.00    | QC5                   |           | FE          |
| 170   | Skid tubes         | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 2.17    | Skid tubes-2          |           | mlh         |
| 180   | QC                 | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.00    | QC5                   |           | BE          |
| 190   | Skid tubes         | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 2.75    | Skid tubes-3          |           | BE DAS mlh  |
| 200   | QC                 | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.00    | QC5                   |           | 38 DAS      |
| 210   | QC                 | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.00    | QC10                  |           | 9-89 38     |
| 220   | HandFinish         | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.45    | HandFinish2           |           | DR 18/10/24 |
| 230   | SprayPaint         | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.40    | Spray Paint           |           | DEC 05 2018 |
| 240   | QC                 | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.00    | QC14                  |           | DEC 05 2018 |
| 244   | HandFinish         | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.50    | HandFinish3           |           | DEC 05 2018 |
| 246   | QC                 | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.00    | QC3                   |           | DEC 05 2018 |
| 250   | HandFinish         | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.45    | HandFinish4           |           | DEC 05 2018 |
| 260   | QC                 | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.00    | QC5                   |           | DEC 05 2018 |
| 270   | HandFinish         | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.68    | HandFinish4           |           | DEC 05 2018 |
| 280   | QC                 | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.00    | QC5                   |           | DEC 05 2018 |
| 290   | Packaging          | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.00    | Packaging3-1          |           | DEC 05 2018 |
| 295   | DC                 | 1 pcs | 8/10/18    | 8/10/18  | 0.00      | 0.00    | DC                    |           | DEC 05 2018 |
| 300   | QC21-FG            | 1 Ea  | 8/10/18    | 8/10/18  | 0.00      | 0.00    | QC21                  |           | DEC 05 2018 |

Part Op 110 - \*\*\*\*VERIFY AND INSPECT THE MATERIAL PRIOR TO USE\*\*\*\* 1- remove fwd indexing ridge as per dwg D3274.

Descriptions: Prepare for welding 2- weld fwd cap as per dwg D3274 and QSI004 AR Aluminum Rod Batch: 136158/136854  
grind fwd cap weld on top surface only 4- Cut AFT end of tube at 170.9" as per dwg D3274 and deburr end. 5-Drill Aft cap pilot hole using DT8025 6 -Cleco DT8025 in position and install pilot hole drill Jig DT8742A,B,C,D and DT8742. Drill 3/16" pilot holes as per Dwg D3274 7 -Remove inner indexing ridge on aft end of skid tube as per Dwg D3274 scribe batch # 8 -Open aft end cap holes to Ø0.208" as per Dwg D3274. Deburr aft end.



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

**DART**  
AEROSPACE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Skid-tube <input type="checkbox"/>        | Cross tube <input type="checkbox"/>       | Water Jet <input type="checkbox"/>     | Engineering <input type="checkbox"/>        | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/>            | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/>        | Thermoforming <input type="checkbox"/>      | Finishing <input type="checkbox"/>         | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>      | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/>   |                                 |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Cross tube <input type="checkbox"/>                                                                                                                                                | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Engineering <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Quality <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Finishing <input type="checkbox"/>                                                                                                                                                 | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Other <input type="checkbox"/>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Composite <input type="checkbox"/>                                                                                                                                                 | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
| <div style="position: relative; height: 300px;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em; opacity: 0.1;">           1270 Aberdeen Street<br/>           Hawkesbury, ON K6A 1K7<br/>           CANADA<br/>           TEL: 1 813 832-5200<br/>           Email: sales@dartaero.com<br/>           www.dartaero.com         </div> </div> <div style="position: absolute; bottom: 10px; left: 10px; font-size: 0.8em;">           Environm<br/>De<br/>Doc/D<br/>Equip/Tools<br/>Handling/<br/>Matte<br/>Internal Transi<br/>Tribal Knowle<br/>Substa<br/>Past Expiry I<br/>Misidenti         </div> <div style="position: absolute; bottom: 10px; right: 10px; font-size: 0.8em;">           Container No: S111498<br/>           Part: D206-642-541<br/>           Job No: 180933<br/>           Serial No/Batch: S111498<br/>           Revision:<br/>           Inspector:<br/>           Exp Date:<br/>           Instructions: TC STC SH98-4 Issue 2004 EAA-87/G SA00475SE 15/10/28, EASA STC         </div> |                                                                                                                                                                                    | <div style="position: relative; height: 300px;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em; opacity: 0.1;">           1270 Aberdeen Street<br/>           Hawkesbury, ON K6A 1K7<br/>           CANADA<br/>           TEL: 1 813 832-5200<br/>           Email: sales@dartaero.com<br/>           www.dartaero.com         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
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| <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Positioned Wrong                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
| <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Outside Dimensions                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
| <input type="checkbox"/> Grain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Over/Under tolerance                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
| <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Part Incorrect                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
| <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Part Lost/Missing                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
| <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Part Moved                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
| <input type="checkbox"/> Off-set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Drawing                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
| <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Finish                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
| <input type="checkbox"/> Fit/Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Misread                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |
| <input type="checkbox"/> Misaligned/off center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Turning Sequence                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |                                           |                                        |                                             |                                    |                                               |                                            |                                         |                                             |                                            |                                              |                                     |                                    |                                    |                                     |                                 |

150 - 1-Open Ø0.313" and 0.375" crossbolt spacer holes as per Dwg D3274 2-Deburr crossbolt spacer holes as per Dwg D3274 and blow out chips from inside the tube 3-Bond web in place as per Dwg D3274 & QSI 015. (Adhere for 12 hours)

170 - 1-Bend AFT end of tube using bend prog. D3274 AFT as per dwg D3274. Install drop pins in crossbolt spacer holes to maintain web position. 2- DRILL PILOT HOLES FOR WEARPLATES USING D3274-1T2 OPEN HOLES TO .297". Deburr 3-DRILL TOE PIN HOLE .640" DIA AS PER DWG USING DT8935 FWD END OF TUBE DEBURR INSIDE OF HOLE AS NECESSARY (DO NOT ENLARGE HOLES) REMOVE ANY FOREIGN OBJECTS INSIDE OF TUBES 4- Countersink crossbolt spacer holes as per Dwg D3274 5- prepare for welding

190 - 1-Insert D2649 & D3275-1 crossbolt spacers. Weld as per QSI 004 and Dwg D3274. Remember to back drill each hole before welding the other side. Use aluminum rod 3-Grind cross bolt welds flush as per Dwg D3274. \*\*\*\*INSPECT FOR PIN HOLES IN WELD\*\*\*\* 4-Counterbore 5/16" x 0.750" deep as per Dwg D3274 and deburr.

220 - Re-alodine tube as per QSI 005 section 4.1.2.1 do not acid etch

230 - Make sure Nut Plate Thread is protected using paint screw. 1- PRIME AS PER DWG AND QSI 005 4.2 PRIMER PRC DESOTO 515X349 BATCH: 00011938 2- PAINT WHITE AS PER DWG AND QSI 005 4.2 PAINT BATCH: \_\_\_\_\_

250 - 1-Install Nut Plate as per Dwg D3274. Apply LPS-PROCYON to Nut Plate and rivets.

260 - Inspect Nut Plate & Inserts

270 - 1-Install wearpads as per Dwg D3274. 2-Install ring as per Dwg D3274 3-Inspect for foreign objects as per QSI 024 4-Install Aft Cap and seal with Sikaflex. Clean excess adhesive.

290 - Location : FG073

295 - Photocopy bluefile & type labels per PPP D206-642-541 CHG005

300 - 4-Counterbore 5/16" x 0.750" deep as per Dwg D3274 using DT10280 and deburr.

AIR  
B6158  
cansare

m138943  
exp 19-03

Sika Flex M138984 1903 wingwalk M138963

#### Job BOM

| Part / Item   | Component Name        | Quantity      | Operation             | Container  |
|---------------|-----------------------|---------------|-----------------------|------------|
| D3274-041BENT | Skidtube Assembly 206 | 1 Ea (1 ea)   | 90-Start up Operation | 5107607    |
| D3285-1       | Cap                   | 1 Ea (1 ea)   | 90-Start up Operation | 50124103   |
| D3282-041     | Float Web (206L/407)  | 1 Ea (1 ea)   | 150-Skidtubes         | B150311    |
| D2649         | Cross Bolt Spacer     | 12 Ea (12 ea) | 190-Skidtubes         | 5050570    |
| D3275-1       | Cross Bolt Spacer     | 12 Ea (12 ea) | 190-Skidtubes         | 5037179    |
| ALS4-1032-130 | Rivnut                | 78 Ea (78 ea) | 250-HandFinish        | 5007279    |
| CCR264SS3-3   | Cherry Rivet          | 2 Ea (2 ea)   | 250-HandFinish        | FM137622   |
| CR3212-4-03   | Cherry Rivet          | 2 Ea (2 ea)   | 250-HandFinish        | FM137886-0 |
| D3415-041     | Nut Plate             | 1 Ea (1 ea)   | 250-HandFinish        | E121836    |
| AN3C4A        | Bolt                  | 80 Ea (80 ea) | 270-HandFinish        | 5123449    |
| AN4C5A        | Bolt                  | 1 Ea (1 ea)   | 270-HandFinish        | 5057496    |
| D2646         | Aft Cap               | 1 Ea (1 ea)   | 270-HandFinish        | 165010     |
| D3413-1       | O-Ring                | 1 Ea (1 ea)   | 270-HandFinish        | 5068698    |
| D3537-1       | Wearpad               | 9 Ea (9 ea)   | 270-HandFinish        | 5097219    |
| D3537-3       | Wearpad               | 1 Ea (1 ea)   | 270-HandFinish        | 5013552    |
| D3672-1       | Washer, Phenolic      | 2 Ea (2 ea)   | 270-HandFinish        | F164008    |
| D4956-15      | Wearplate Fwd         | 1 Ea (1 ea)   | 270-HandFinish        | F164268    |
| D4956-23      | Wearplate Center Fwd  | 1 Ea (1 ea)   | 270-HandFinish        | 5057041    |
| D4956-35      | Wearplate Aft         | 1 Ea (1 ea)   | 270-HandFinish        | 5057063    |
| D4956-39      | Wearplate Center Aft  | 1 Ea (1 ea)   | 270-HandFinish        | F152002    |
| NAS1149C0332R | Washer                | 80 Ea (80 ea) | 270-HandFinish        | 5130139    |
| NAS1149C0463R | Washer                | 1 Ea (1 ea)   | 270-HandFinish        | 5104373    |

M.U. 006883

M.U 006889

#### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | D3274-041BENT  | 1        | 1         | 0         |
|                       | D3285-1        | 1        | 26        | 0         |
| 150-Skidtubes         | D3282-041      | 1        | 4         | 0         |
| 190-Skidtubes         | D2649          | 12       | 206       | 0         |
|                       | D3275-1        | 12       | 157       | 0         |
| 250-HandFinish        | ALS4-1032-130  | 78       | 13,156    | 0         |
|                       | CCR264SS3-3    | 2        | 116       | 0         |
|                       | CR3212-4-03    | 2        | 192       | 0         |
|                       | D3415-041      | 1        | 20        | 0         |
| 270-HandFinish        | AN3C4A         | 80       | 1,560     | 0         |
|                       | AN4C5A         | 1        | 63        | 0         |
|                       | D2646          | 1        | 78        | 0         |
|                       | D3413-1        | 1        | 38        | 0         |
|                       | D3537-1        | 9        | 179       | 0         |
|                       | D3537-3        | 1        | 36        | 0         |
|                       | D3672-1        | 2        | 1,034     | 0         |
|                       | D4956-15       | 1        | 13        | 0         |
|                       | D4956-23       | 1        | 22        | 0         |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cross tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Engineering <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Small Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Quality <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Finishing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Composite <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |



|               |    |       |   |
|---------------|----|-------|---|
| D4956-35      | 1  | 18    | 0 |
| D4956-39      | 1  | 12    | 0 |
| NAS1149C0332R | 80 | 5,879 | 0 |
| NAS1149C0463R | 1  | 193   | 0 |

### Part Specifications

Specifications could not be found.

Plex 7/18/18 9:28 AM Dart.lajeunesse.marie



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |

| Qty<br>-041 | Qty<br>-043 | Qty<br>-045 | Part Number   | Description                                             |
|-------------|-------------|-------------|---------------|---------------------------------------------------------|
| X           |             |             | D3274-041     | SKIDTUBE ASSEMBLY                                       |
|             | X           |             | D3274-043     | SKIDTUBE ASSEMBLY                                       |
|             |             | X           | D3274-045     | SKIDTUBE ASSEMBLY (FOR PHI)                             |
| 1           | 1           | 1           | D2600-1-240   | EXTRUSION                                               |
| 1           | 1           | 1           | D2646         | AFT CAP                                                 |
| 12          | 12          | 12          | D2649         | CROSS BOLT SPACER                                       |
| 12          | 37          | 12          | D3278-1       | CROSS BOLT SPACER                                       |
| 1           | 1           | 1           | D3282-041     | FLOAT WEB                                               |
| 1           | 1           | 1           | D3285-1       | CAP                                                     |
| 1           | 1           | 1           | D3413-1       | RING                                                    |
| 1           | 1           | 1           | D3415-041     | NUT PLATE                                               |
| 9           | 9           |             | D3537-1       | WEARPAD                                                 |
|             |             | 1           | D3537-11      | WEARPAD                                                 |
| 1           | 1           |             | D3537-3       | WEARPAD                                                 |
|             |             | 9           | D3537-9       | WEARPAD                                                 |
| 2           | 2           | 2           | D3672-1       | WASHER                                                  |
| 1           | 1           |             | D4956-15      | WEARSHOE                                                |
| 1           | 1           |             | D4956-23      | WEARSHOE                                                |
| 1           | 1           |             | D4956-35      | WEARSHOE                                                |
| 1           | 1           |             | D4956-39      | WEARSHOE                                                |
| 78          | 78          | 40          | ALS7-1032-130 | INSERT (or AKS4-1032-130, ALS4-1032-130, AELS-1032-130) |
| 80          | 80          | 42          | AN3C4A        | BOLT                                                    |
| 1           | 1           |             | AN4C6A        | BOLT                                                    |
| 1           | 1           | 1           | NAS1149C0463R | WASHER (AN960C416)                                      |
| 80          | 80          | 42          | NAS1149C0332R | WASHER (AN960C10L)                                      |
| 2           | 2           | 2           | CCR264SS3-3   | RIVET                                                   |
| 2           | 2           | 2           | CR3212-4-03   | RIVET                                                   |
|             |             | 1           | MS27039C4-06  | SCREW                                                   |

# GENERAL NOTES:

1. MATERIAL: N/A
2. FINISH:

ON -041/-043: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1 PRIOR TO INSTALLING D3282-041 WEB PRIME (REF. 4.2.1.3.3) OUTSIDE ONLY AND PAINT WHITE PER DART QSI 005 4.2 BLACK ANTI-SKID PAINT AS INDICATED TO 0.5" ABOVE LOCATION RIDGE PER DART QSI 005 4.4

ON -045: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1 PRIOR TO INSTALLING D3282-041 WEB PRIME (REF. 4.2.1.3.3) INSIDE AND OUTSIDE PER QSI 005 4.2.1 PAINT BLACK PER QSI 005 4.2.2 USING CAB213/F37036 CAMOFLAGE BLACK PER MIL-PRF-05285E TYPE I CLASS H. BLACK ANTI-SKID PAINT AS INDICATED TO 0.5" ABOVE LOCATION RIDGE PER DART QSI 005 4.4

3. TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.

4. UNITS: INCHES UNLESS OTHERWISE NOTED

5. BREAK SHARP EDGES 0.005 TO 0.010 MAX

6. IDENTIFICATION: N/A

7. WEIGHT: FOR -041/-043 = 37.5 LBS  
FOR -045 = 33.4 LBS

8. WELDING TO BE DONE PER DART QSI 004.

9. ALL HOLES DRILLED ON CENTERLINES.

10. DAMAGE TOLERANCE ON FWD BEND:

THERE SHOULD BE NO VISIBLE WRINKLES IN THE BEND FROM THE GROUND TO A HEIGHT OF 7 INCHES ABOVE THE GROUND. IT IS ACCEPTABLE TO POLISH OUT GOUGES UP TO 0.020" DEEP IN THE BENT PORTION OF THE TUBE. A MAXIMUM REDUCTION IN DIAMETER OF 0.150" IS ACCEPTABLE IN THE BENT PORTION OF THE TUBE.

11. BOND D3282-041 FLOAT WEB INTO D3274-1/-3 OUTER TUBE WITH NON-STRUCTURAL SIKAFLEX-241/291 ADHESIVE PER DART QSI 015. ENSURE HOLES LINE-UP.

12. DRILL Ø0.297 HOLES FOR ALS7-1032-130 INSERTS USING DT3274-1T2 BEFORE FINISH. INSTALL ALS7-1032-130 INSERTS AFTER FINISH. SEAL WEARSHOE BOLTS WITH SIKAFLEX -241/291. ON -045, DO NOT DRILL HOLES OR INSTALL INSERTS FOR LONG WEARPLATES.

13. COAT ALL EXPOSED FASTENERS WITH LPS LABORATORIES "LPS PROCYON" AFTER FINAL ASSEMBLY. CLEAN EXCESS GREASE WITH WASH 'N WIPE DEGREASER.

14. ON -045, APPLY COAT OF ROCKGUARD TO SKIDTUBE WHERE WEARPADS ARE INSTALLED.

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SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER

NO. 180933 MLS  
1807-18

|            |                                                                                                |                                                                                                                                                                                                                                                                                          |              |
|------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| G          | ADD -045 CONFIGURATION (FOR PHI) ZN A5-4, A5-6<br>REVISE NOTE 2, 7 & 12, ADD NOTE 14 (ZN A8-1) | DS                                                                                                                                                                                                                                                                                       | 16.04.25     |
| F          | REVISE NOTE 2: ADD ANTI-SKID PAINT, REMOVE<br>GASKETS PER IIN-D206-642 REV Q                   | DB                                                                                                                                                                                                                                                                                       | 14.04.15     |
| E          | REVISE NOTE 2: FINISH NOW PRIME/PAINT<br>WAS POWDERCOAT, REF. PAR13-256                        | DW                                                                                                                                                                                                                                                                                       | 13.05.17     |
| D          | NEW INSERTS, SS WEARSHOE + GASKET                                                              | CP                                                                                                                                                                                                                                                                                       | 06.12.19     |
| C          | ADD -043; NEW INSERTS                                                                          | CP                                                                                                                                                                                                                                                                                       | 05.03.16     |
| B          | MOVE SADDLE HOLE: 42.14 WAS 42.76                                                              | CP                                                                                                                                                                                                                                                                                       | 04.08.09     |
| A          | NEW ISSUE                                                                                      | CP                                                                                                                                                                                                                                                                                       | 04.03.15     |
| REV.       | DESCRIPTION                                                                                    | BY                                                                                                                                                                                                                                                                                       | DATE         |
| DESIGN     | CP                                                                                             | <b>DART AEROSPACE USA, INC</b><br>EUGENE, OR                                                                                                                                                                                                                                             |              |
| DRAWN      | RF                                                                                             |                                                                                                                                                                                                                                                                                          |              |
| CHECKED    | AK                                                                                             | DRAWING NO.                                                                                                                                                                                                                                                                              | REV. G       |
| MFG. APPR. | JLM                                                                                            | D3274                                                                                                                                                                                                                                                                                    | SHEET 1 OF 6 |
| APPROVED   | DS                                                                                             | TITLE                                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   | #                                                                                              | SKIDTUBE ASSEMBLY                                                                                                                                                                                                                                                                        | NTS          |
| DATE       | 16.04.25                                                                                       | COPYRIGHT © 2004 BY DART AEROSPACE USA, INC<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br>WRITTEN PERMISSION FROM DART AEROSPACE USA, INC. |              |

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2016-07-26  
ECN 16-b16



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



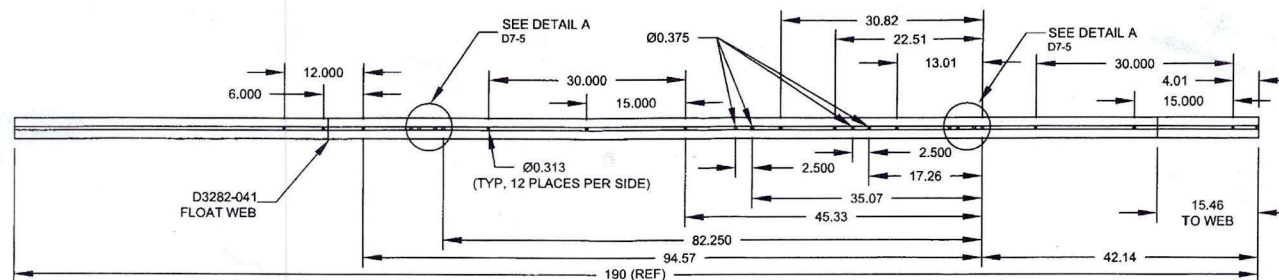
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

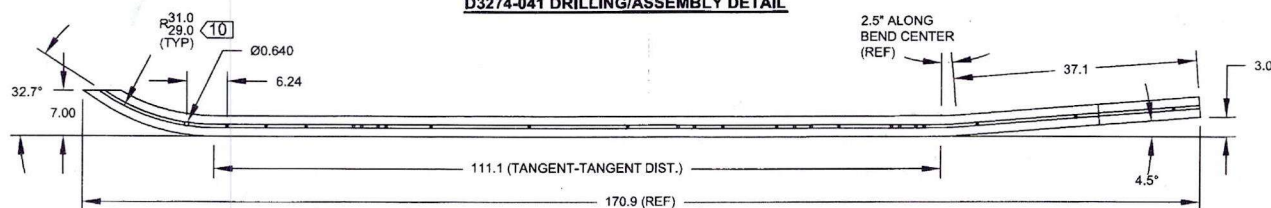
Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

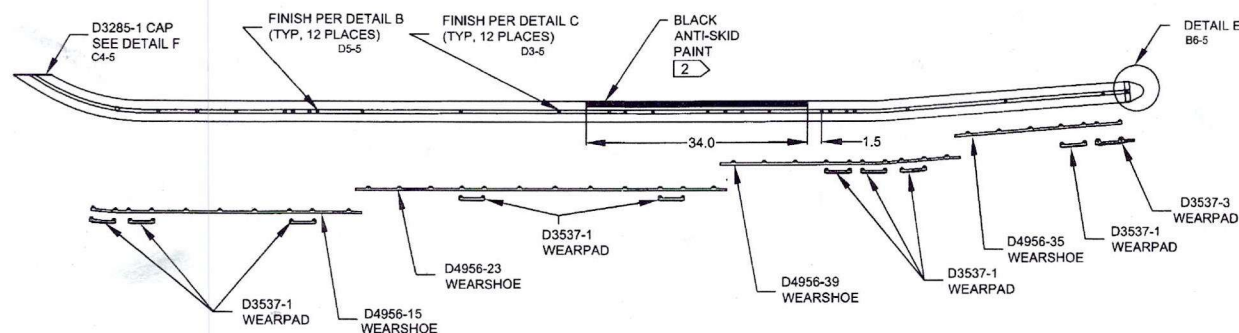




**D3274-041 DRILLING/ASSEMBLY DETAIL**



**D3274-041 BEND/DRILLING DETAIL**



**D3274-041 SKIDTUBE ASSEMBLY  
(SEE DETAIL D FOR WEARSHOE INSTALLATION)**

**RELEASED**  
2016-07-26

|            |          |                                                                                                                                                                                                                                                                                                    |              |
|------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | CP       | <b>DART AEROSPACE USA, INC</b>                                                                                                                                                                                                                                                                     |              |
| DRAWN      | RF       | EUGENE, OR                                                                                                                                                                                                                                                                                         |              |
| CHECKED    | AK       | DRAWING NO.                                                                                                                                                                                                                                                                                        | REV. G       |
| MFG. APPR. | JLM      | D3274                                                                                                                                                                                                                                                                                              | SHEET 2 OF 6 |
| APPROVED   | DS       | TITLE                                                                                                                                                                                                                                                                                              | SCALE        |
| DE APPR.   | #        | SKIDTUBE ASSEMBLY                                                                                                                                                                                                                                                                                  | NTS          |
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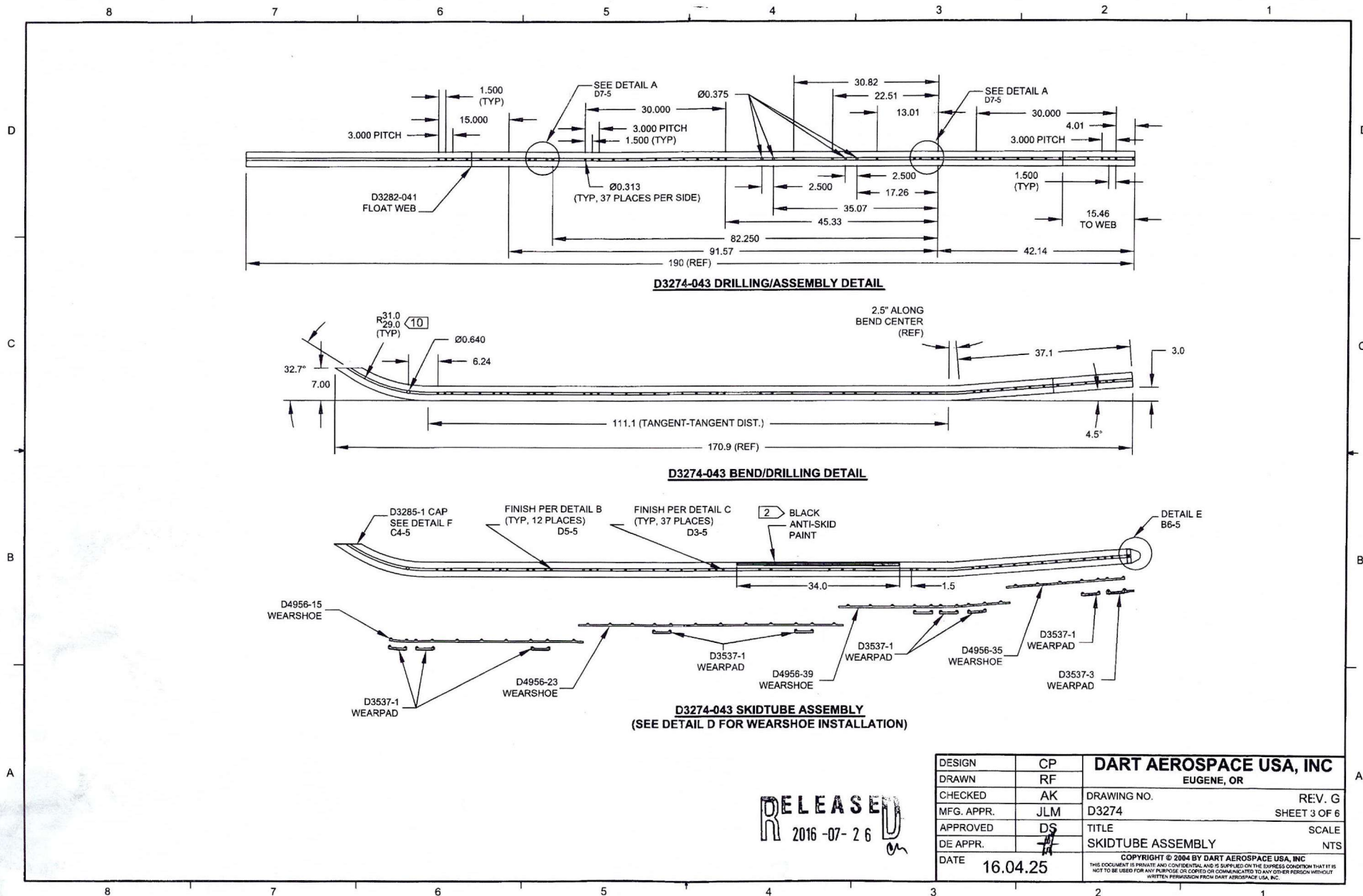


## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 | MRB (QSI042) Approval             |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
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| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>             | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |





DQA: \_\_\_\_\_ Date: \_\_\_\_\_

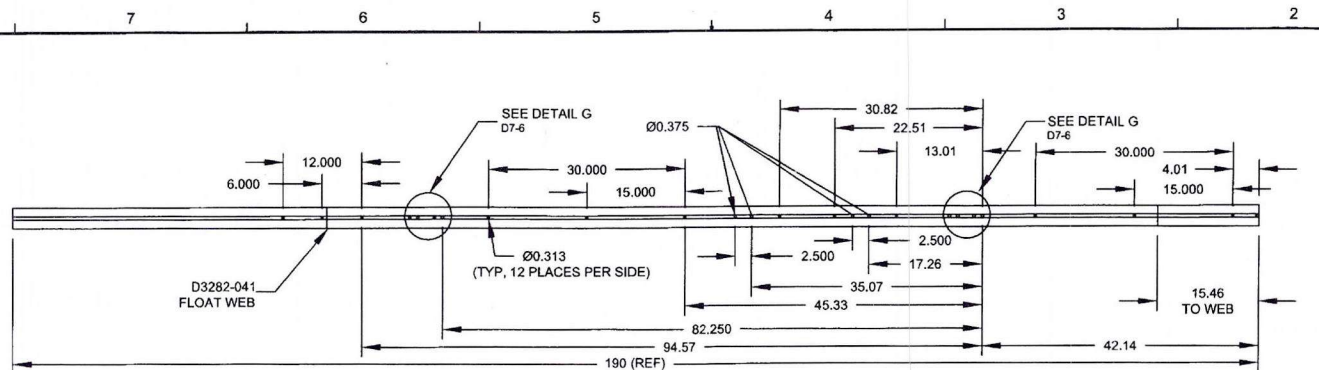


## WORK ORDER NON-CONFORMANCE / UPDATE

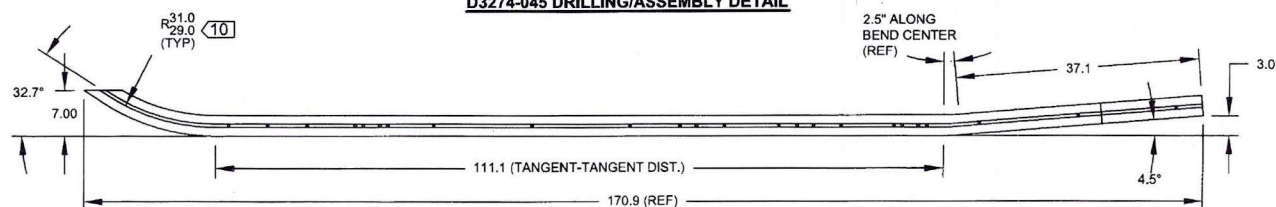
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

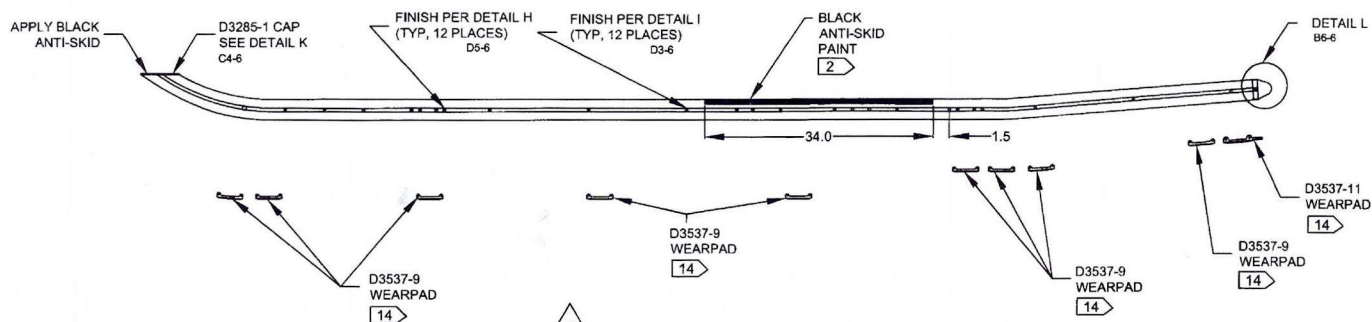
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                    |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |  |                                                                                                                    |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  | MRB (QSI042) Approval                                                                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |  | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                    |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |  |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |  |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |  |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |  |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |  |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |  |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |  |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |  |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |  |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |  |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                    |  |



**D3274-045 DRILLING/ASSEMBLY DETAIL**



**D3274-045 BEND/DRILLING DETAIL**



**D3274-045 SKIDTUBE ASSEMBLY**  
(SEE DETAIL J FOR WEARSHOE INSTALLATION)

**RELEASED**  
2016-07-26

|            |          |                                                                                                                                                                                                                                                                                                   |              |
|------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | CP       | <b>DART AEROSPACE USA, INC</b>                                                                                                                                                                                                                                                                    |              |
| DRAWN      | RF       | EUGENE, OR                                                                                                                                                                                                                                                                                        |              |
| CHECKED    | AK       | DRAWING NO.                                                                                                                                                                                                                                                                                       | REV. G       |
| MFG. APPR. | JLM      | D3274                                                                                                                                                                                                                                                                                             | SHEET 4 OF 6 |
| APPROVED   | DS       | TITLE                                                                                                                                                                                                                                                                                             | SCALE        |
| DE APPR.   |          | SKIDTUBE ASSEMBLY                                                                                                                                                                                                                                                                                 | NTS          |
| DATE       | 16.04.25 | <small>COPYRIGHT © 2004 BY DART AEROSPACE USA, INC<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC</small> |              |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



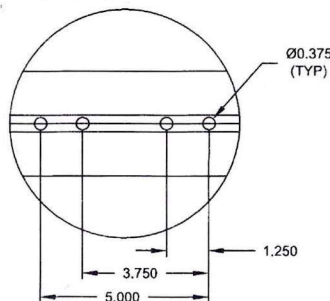
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

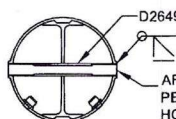
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. 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| <b>Root Cause</b><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Environment <input type="checkbox"/></td> <td style="border: none;">No Re-verification <input type="checkbox"/></td> <td style="border: none;">Pressure/Forced <input type="checkbox"/></td> <td style="border: none;">Temperature/Cure <input type="checkbox"/></td> <td style="border: none;">Power Loss/Surge <input type="checkbox"/></td> <td style="border: none;">Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Design <input type="checkbox"/></td> <td style="border: none;">Operator <input type="checkbox"/></td> <td style="border: none;">Bending <input type="checkbox"/></td> <td style="border: none;">Set-up <input type="checkbox"/></td> <td style="border: none;">Folio/Program <input type="checkbox"/></td> <td style="border: none;">Outside Dimensions <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Doc/Data <input type="checkbox"/></td> <td style="border: none;">Offset/Setup <input type="checkbox"/></td> <td style="border: none;">Centre Not Concentric <input type="checkbox"/></td> <td style="border: none;">BOM/Route <input type="checkbox"/></td> <td style="border: none;">Grain <input type="checkbox"/></td> <td style="border: none;">Over/Under tolerance <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Equip/Tooling <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td style="border: none;">Cracks <input type="checkbox"/></td> <td style="border: none;">Broken/Damage/Defect <input type="checkbox"/></td> <td style="border: none;">Weld <input type="checkbox"/></td> <td style="border: none;">Part Incorrect <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Handling/Pre <input type="checkbox"/></td> <td style="border: none;">Training <input type="checkbox"/></td> <td style="border: none;">Crimp/Kink/Ripple/Wave <input type="checkbox"/></td> <td style="border: none;">Inspection Incomplete/Unqualified <input type="checkbox"/></td> <td style="border: none;">Wrong Stock Pulled <input type="checkbox"/></td> <td style="border: none;">Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Material <input type="checkbox"/></td> <td style="border: none;">Use for Testing <input type="checkbox"/></td> <td style="border: none;">Cuffs <input type="checkbox"/></td> <td style="border: none;">Contamination <input type="checkbox"/></td> <td style="border: none;">Out of Sequence <input type="checkbox"/></td> <td style="border: none;">Part Moved <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Internal Transport <input type="checkbox"/></td> <td style="border: none;">Poor Information <input type="checkbox"/></td> <td style="border: none;">Crushing <input type="checkbox"/></td> <td style="border: none;">Countersink <input type="checkbox"/></td> <td style="border: none;">Off-set <input type="checkbox"/></td> <td style="border: none;">Drawing <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Tribal Knowledge <input type="checkbox"/></td> <td style="border: none;">Rushing <input type="checkbox"/></td> <td style="border: none;">Heat Treat <input type="checkbox"/></td> <td style="border: none;">Cut Too Short <input type="checkbox"/></td> <td style="border: none;">Mislabeled <input type="checkbox"/></td> <td style="border: none;">Finish <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">LOA <input type="checkbox"/></td> <td style="border: none;">Product Improvement <input type="checkbox"/></td> <td style="border: none;">Wave/Twist in Tube <input type="checkbox"/></td> <td style="border: none;">Instructions Incomplete/Unclear <input type="checkbox"/></td> <td style="border: none;">Fit/Function <input type="checkbox"/></td> <td style="border: none;">Misread <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Substation <input 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                                                                                                                            | No Re-verification <input type="checkbox"/>                | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>     | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/>    | Operator <input type="checkbox"/>    | Bending <input type="checkbox"/>   | Set-up <input type="checkbox"/>    | Folio/Program <input type="checkbox"/>     | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/>      | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/>     | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> |  |  |  |  | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> | <b>FAULT CATEGORY</b><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Power Loss/Surge <input type="checkbox"/></td> <td style="border: none;">Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Folio/Program <input type="checkbox"/></td> <td style="border: none;">Outside Dimensions <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Grain <input type="checkbox"/></td> <td style="border: none;">Over/Under tolerance <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Weld <input type="checkbox"/></td> <td style="border: none;">Part Incorrect <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Wrong Stock Pulled <input type="checkbox"/></td> <td style="border: none;">Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Out of Sequence <input type="checkbox"/></td> <td style="border: none;">Part Moved <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Off-set <input type="checkbox"/></td> <td style="border: none;">Drawing <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Mislabeled <input type="checkbox"/></td> <td style="border: none;">Finish <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Fit/Function <input type="checkbox"/></td> <td style="border: none;">Misread <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Misaligned/off center <input type="checkbox"/></td> <td style="border: none;">Turning Sequence <input type="checkbox"/></td> </tr> </table> |  |  | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Mislabeled <input type="checkbox"/> 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| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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**DETAIL A: DRILL DETAIL**  
D6-2, D3-2, D5-3, D3-3



**DETAIL B**  
B6-2, B5-3

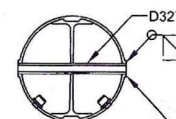
FOR Ø0.375 HOLES ONLY



- AFTER DRILLING AND BENDING ASSEMBLY  
PERFORM THE FOLLOWING FOR Ø0.375  
HOLES ONLY:
1. CHAMFER HOLE 0.030x45°
  2. INSERT D2649 SPACER
  3. WELD INTO PLACE AND GRIND FLUSH
  4. C'BORE TO Ø0.313x0.75 DEEP

**DETAIL C**  
B5-2, B4-3

FOR Ø0.313 HOLES ONLY



CHAMFER 0.030x45°  
(TYP)

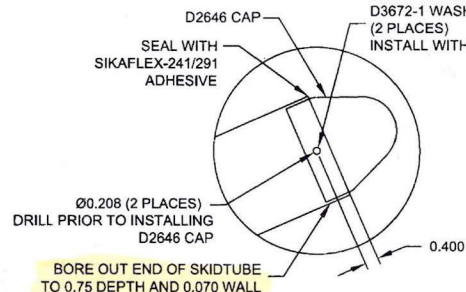
**DETAIL D**  
A4-2, A4-3



- ALS7-1032-130 INSERT (1)  
AN3C4A BOLT (1)  
NAS1149C0332R WASHER (1)  
(78 PLACES)

WEARSHOE/WEARPAD (REF)

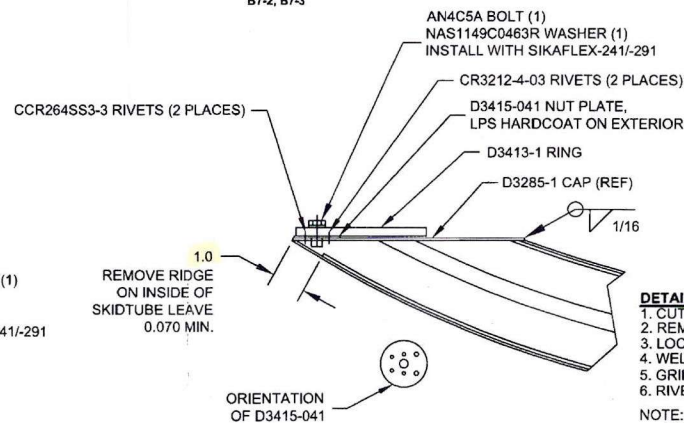
**DETAIL E**  
B2-2, B2-3



BORE OUT END OF SKIDTUBE  
TO 0.75 DEPTH AND 0.070 WALL

- AN3C4A BOLT (1)  
NAS1149C0332R WASHER (1)  
D3672-1 WASHER (1)  
(2 PLACES)  
INSTALL WITH SIKAFLEX-241/-291

**DETAIL F: END FINISHING DETAIL**  
B7-2, B7-3



**DETAIL F NOTES**

1. CUT TUBE LEVEL
  2. REMOVE RIDGE ON FWD SIDE
  3. LOCATE D3285-1 (TRIM AS NECESSARY)
  4. WELD D3285-1 IN PLACE PER DART QSI 004
  5. GRIND FLUSH
  6. RIVET D3415-041 NUT PLATE IN PLACE
- NOTE: MASK THREADS IN D3415-041  
PRIOR TO FINISH

-041/-043 DETAILS

**RELEASED**  
2016-07-26

|            |          |                                                                                                                                                                                                                                                                                                            |              |
|------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | CP       | <b>DART AEROSPACE USA, INC</b>                                                                                                                                                                                                                                                                             |              |
| DRAWN      | RF       | EUGENE, OR                                                                                                                                                                                                                                                                                                 |              |
| CHECKED    | AK       | DRAWING NO.                                                                                                                                                                                                                                                                                                | REV. G       |
| MFG. APPR. | JLM      | D3274                                                                                                                                                                                                                                                                                                      | SHEET 5 OF 6 |
| APPROVED   | DS       | TITLE                                                                                                                                                                                                                                                                                                      | SCALE        |
| DE APPR.   |          | SKIDTUBE ASSEMBLY                                                                                                                                                                                                                                                                                          | NTS          |
| DATE       | 16.04.25 | <small>COPYRIGHT © 2004 BY DART AEROSPACE USA, INC<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br/>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br/>WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small> |              |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

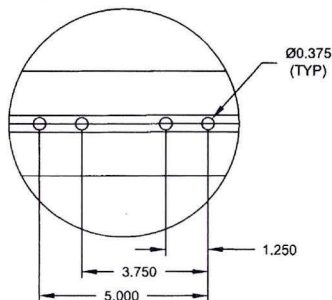
**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

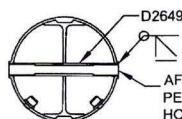
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                        |  |  |                                                                                                                                                                                                                                                     |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  | MRB (QSI042) Approval<br><br><br><br><br><br><br><br><br><br><br>Completed By<br><br><br><br><br><br><br><br><br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br><br><br><br><br><br><br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                                     |  |  |
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| <b>Root Cause</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> |  | <div style="display: flex; justify-content: space-between;"> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |                                                                                                                                                                                                                                                     |  |  |

**DETAIL G: DRILL DETAIL**  
D6-4, D3-4



**DETAIL H**  
B6-4

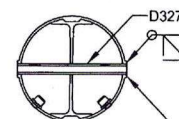
FOR Ø0.375 HOLES ONLY



AFTER DRILLING AND BENDING ASSEMBLY  
PERFORM THE FOLLOWING FOR Ø0.375  
HOLES ONLY:  
1. CHAMFER HOLE 0.030x45°  
2. INSERT D2649 SPACER  
3. WELD INTO PLACE AND GRIND FLUSH  
4. C'BORE TO Ø0.313x0.75 DEEP

**DETAIL I**  
B5-4

FOR Ø0.313 HOLES ONLY



CHAMFER 0.030x45°  
(TYP)

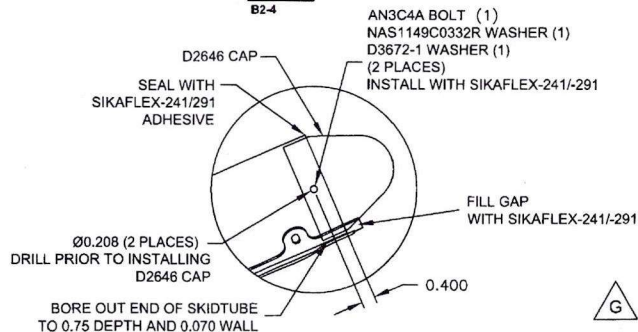
**DETAIL J**  
A4-4



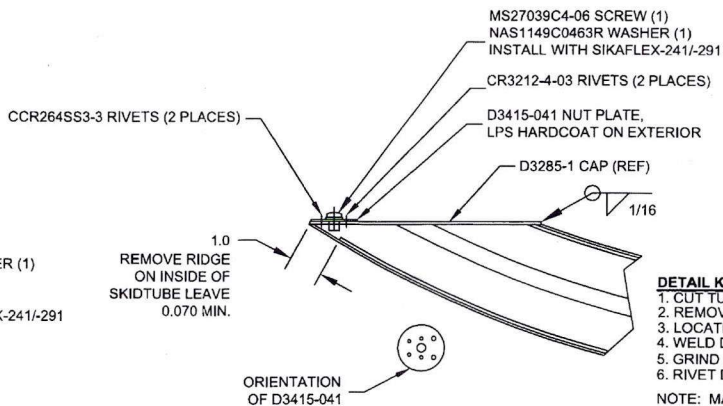
ALS7-1032-130 INSERT (1)  
AN3C4A BOLT (1)  
NAS1149C0332R WASHER (1)  
(40 PLACES)

WEARPAD (REF)

**DETAIL L**  
B2-4



**DETAIL K: END FINISHING DETAIL**  
B7-4



**DETAIL K NOTES**

1. CUT TUBE LEVEL
  2. REMOVE RIDGE ON FWD SIDE
  3. LOCATE D3285-1 (TRIM AS NECESSARY)
  4. WELD D3285-1 IN PLACE PER DART QSI 004
  5. GRIND FLUSH
  6. RIVET D3415-041 NUT PLATE IN PLACE
- NOTE: MASK THREADS IN D3415-041  
PRIOR TO FINISH



**-045 DETAILS**

**RELEASED**  
2016-07-26

|                                                                                                                                                                                                                                     |          |                                             |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                                              | CP       | <b>DART AEROSPACE USA, INC</b>              |              |
| DRAWN                                                                                                                                                                                                                               | RF       | EUGENE, OR                                  |              |
| CHECKED                                                                                                                                                                                                                             | AK       | DRAWING NO.                                 | REV. C       |
| MFG. APPR.                                                                                                                                                                                                                          | JLM      | D3274                                       | SHEET 6 OF 6 |
| APPROVED                                                                                                                                                                                                                            | DS       | TITLE                                       | SCALE        |
| DE APPR.                                                                                                                                                                                                                            | #        | SKIDTUBE ASSEMBLY                           | NTS          |
| DATE                                                                                                                                                                                                                                | 16.04.25 | COPYRIGHT © 2004 BY DART AEROSPACE USA, INC |              |
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DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                             | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                   |                                   |                                       |                                        |                                   | Skid-tube <input type="checkbox"/>    | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/>     | Machining <input type="checkbox"/>          | Small Fab <input type="checkbox"/>        | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/>           | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>               | Large Fab <input type="checkbox"/>        | Composite <input type="checkbox"/>             | Supplier <input type="checkbox"/>      |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                       | Engineering <input type="checkbox"/>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Small Fab <input type="checkbox"/>             | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                         | Quality <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                       | Other <input type="checkbox"/>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Part Lost/Missing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                        |                                  |                                 |                                  |                                           |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                        |                                  |                                 |                                  |                                           |



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# **PURCHASE ORDER** **PO041938**

**Supplier:** ATE003-VC  
Atelier Debosselage  
358 Principale  
Calumet  
QC  
J0V 1B0 Canada  
Phone: 819 242 5633

**PO No:** PO041938  
**PO Date:** 12/4/18  
**Due Date:** 12/7/18  
**Purchase Order**  
**Revision:**  
**Revision Date:**  
**Ship-To Contact:** Phone:

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**Via:** Ground  
**Pymt Terms:** Net 30  
**Freight Terms:**  
**Special Comments:**

## **Items**

| Line Item         | Job    | Part         | Description                                                                                                                                                                                          | Status | Account | Due Date | Order Quantity | Received Quantity | Balance  | Unit Price (CAD) | Extended Price  |
|-------------------|--------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|----------|------------------|-----------------|
| 1                 | 180934 | D206-642-541 | Make sure Nut Plate Thread is protected using paint screw,. 1-PRIME AS PER DWG AND QSI 005 4.2 PRIMER PRC DESOTO 515X349<br>BATCH: _____ 2-PAINT WHITE AS PER DWG AND QSI 005 4.2 PAINT BATCH: _____ | Firmed | -       | 12/7/18  | 1 pcs          | 0 pcs             | 1 pcs    | \$225.00/pcs     | \$225.00        |
|                   | 180933 |              |                                                                                                                                                                                                      | Firmed | -       | 12/7/18  | 1 pcs          | 0 pcs             | 1 pcs    | \$225.00/pcs     | \$225.00        |
| <b>Sub Total:</b> |        |              |                                                                                                                                                                                                      |        |         |          | <b>2</b>       | <b>0</b>          | <b>2</b> |                  | <b>\$450.00</b> |
| 2                 | 185360 | D350-636-016 | AS350/355 - Skidtube - Float w/ Heavy-Duty Wearplates - RH : TC STC SH99-7 Issue 2, FAA STC SR00646SE 15/10/28, EASA STC EASA.10033942 11/02/21, BRAZIL 2009S05-01 09/05/08                          | Firmed | -       | 12/7/18  | 1 pcs          | 0 pcs             | 1 pcs    | \$225.00/pcs     | \$225.00        |





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# PURCHASE ORDER PO041938

| Items        |        |              |                                                                                                                                                                                                                                                                                                                                                                                                                         |        |         |          |                |                   |         |                  |                |
|--------------|--------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|----------------|
| Line Item    | Job    | Part         | Description                                                                                                                                                                                                                                                                                                                                                                                                             | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
| 3            | 186805 | D350-636-018 | Skidtube RH, Run-on Landing, DART (Apical) Tri-Bag/Air Cruisers Float Comp.<br>: TC STC SH99-7 Issue 2, FAA STC SR00646SE 15/10/28, EASA STC EASA.10033942 11/02/21, BRAZIL 2009S05-01 09/05/08<br>Issue P/O to Atelier Debosselage: _____<br><br>Spray Painting per QSI005 4.2 1- PRIME AS PER DWG AND QSI 005 4.2 PRIMER PRC DESOTO 515X349 BATCH: _____ 2- PAINT WHITE AS PER DWG AND QSI 005 4.2 PAINT BATCH: _____ | Firmed | -       | 12/7/18  | 1 pcs          | 0 pcs             | 1 pcs   | \$225.00/pcs     | \$225.00       |
| Grand Total: |        |              |                                                                                                                                                                                                                                                                                                                                                                                                                         |        |         |          |                |                   |         |                  | \$900.00       |

## Order Notes

### Procurement Quality Clauses

A005 right of entry  
A012 chemical and physical test report  
A016 personnel qualification  
A017 raw material identification (as applicable)

A022 Apical Processing  
A024 process certifications  
A026 certification of material conformance

A041 quality management system  
A042 dart notification by supplier  
A043 retention of quality documents

A048 counterfeit parts avoidance, detection, mitigation and disposition program

A049 supplier awareness

Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

Plex 12/4/18 11:44 AM dart.tsimiklis.chrisoula